



11/01Office Use Only

Permit No. -

Approval Date: / /

Occupancy & Fee Checked: Yes No

Permit Fee \$

Parcel ID: -

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code, 527 CMR 12:00

(PLEASE PRINT IN INK OR TYPE ALL INFORMATION)

Ward:

City or Town of

Date: / /

To the Inspector of Wires: The undersigned applies for a permit to perform the electrical work described below:

- -

Location (Primary St.No.-Suffix, Secondary St.No.-Suffix)Location (Street Name)Floor

- -

Owner or TenantPhone Number

Owner's Address (Street No. & Street Name)

- -

CityStateZipIs this permit in conjunction with a building permit: Yes No

Purpose of BuildingUtility Authorization Number

Existing Service: Amps: Volts: 120/240 277/480 Overhead UndergroundNo. of Meters:

New Service: Amps: Volts: 120/240 277/480 Overhead UndergroundNo. of Meters:

Number of Feeders and Ampacity

Location and Nature of Proposed Electrical Work

No. of Lighting Outlets	No. of Hot Tubs	No. of Ranges	No. of Disposals	No. of Dryers	No. of Emergency Lighting Battery Units:
No. of Lighting Fixtures	No. of Oil Burners	No. of Gas Burners	No. of Signs	No. of Ballasts	FIRE ALARMS: No. of Zones:
No. of Recessed Fixtures	No. of Motors	Total HP	No. of Transformers	Total KVA	No. of Detection and Initiating Devices:
No. of Ceil.-Susp. Fans	Swimming Pool		No. of Generators	KVA	No. of Sounding Devices:
	Above Ground In-Ground				No. of Self Contained Detection/Sounding Devices:
					Local Municipal Connection Other
No. of Receptacle Outlets	No. of Heat Pumps:	Total KW	Total Tons		Low Voltage Wiring
No. of Switch Outlets	No. of Air Cond.:				Fire Alarm Permit Number
No. of Dishwashers	Space/Area Heating:				Fire Alarm Fee: \$
No. of Hydro Massage Tubs	Heating Devices:				Security Systems: No. of Devices or Equivalent:
	No. of Water Heaters:				Data Wiring: No. of Devices or Equivalent:
					Telecommunications Wiring: No. of Devices or Equivalent:

Other

INSURANCE COVERAGE: Pursuant to the requirements of Massachusetts General Laws I have a current Liability Insurance Policy including Completed Operations Coverage or its substantial equivalent. YES NO I have submitted valid proof of same to the office. YES NO If you have checked YES, please indicate the type of coverage by checking the appropriate box. INSURANCE BOND OTHER

Estimated Value of Electrical Work Work to Start

\$ / / Inspections to be requested in accordance with MEC Rule 10, and upon completion.

Signed under the Penalties of Perjury:

Firm Name

License Number

Licensee

License Number

-

Business Address (Street Number)Business Address (Street Name)

- - - -

CityStateZipBusiness Phone NumberAlternate Phone Number

OWNER'S INSURANCE WAIVER: I am aware that the licensee does not have the insurance coverage or its substantial equivalent as required by Massachusetts General Laws, and that my signature on this permit application waives this requirement. Owner Agent

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Phone Number (Owner or Agent)

Notify Inspector for rough and/or final inspection. Permit must be obtained prior to inspection and all work in compliance with G.L.C. 141, 143 & all applicable laws & ordinances is required and understood.

